

**OUT OF STATE LICENSE RENEWAL, REPLACEMENTS,
PERMIT, CLASS O (Car), CLASS M (Motorcycle) DATA FORM**

Review information and make any necessary changes.

*Your NEBRASKA address must appear on this form.

				Date of Birth			Social Security Number*	
				Month	Day	Year		
LAST NAME			FIRST NAME			MIDDLE INITIAL		SUFFIX (JR, SR, 1ST, 2ND, 3RD)
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route and P.O. Box)					CITY		STATE	ZIP CODE
CURRENT MAILING ADDRESS (If different from residential address)					CITY		STATE	ZIP CODE
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT	EYE COLOR	HAIR COLOR	RACE	
		FT.	IN.					
	<input type="checkbox"/> M <input type="checkbox"/> F						<input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN OR PACIFIC ISL. <input type="checkbox"/> OTHER	
For the purposes of complying with Neb.Rev.Stat.60-484.04, I attest:						FAX #		

I am a citizen of the United States..... OR _____ YES ____ NO

I am not a citizen of the United States, but do have lawful status and agree to provide valid documentary evidence of such as outlined in 60-484.04..... YES ____ NO

Please answer the following motor voter/veteran designation/organ and tissue donation questions (answers are optional).

- 1A. Do you wish to register to vote as part of this application process? (You only need to re-register if you have changed your name, address or political party.) _____ YES ____ NO
- 1B. Do you wish to have the word "Veteran" displayed on the front of your operator's license or state identification card to show that you served in the armed forces of the United States? (To be eligible you must register with the Nebraska Department of Veterans' Affairs Registry). _____ YES ____ NO
2. Do you wish to be an organ and tissue donor? _____ YES ____ NO
3. Do you wish to receive any additional specific information regarding organ and tissue donation? _____ YES ____ NO
4. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund? _____ YES ____ NO
5. Have you within the last three months (e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.):
 - A. lost voluntary control or consciousness (date: _____) _____ YES ____ NO
 - B. experienced vertigo or multiple episodes of dizziness or fainting _____ YES ____ NO
 - C. disorientation _____ YES ____ NO
 - D. seizures (date: _____) _____ YES ____ NO
 - E. impairment of memory, memory loss _____ YES ____ NO
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:
 - A. foot/leg _____ YES ____ NO
 - B. upper body strength _____ YES ____ NO
 - C. range of motion/mobility _____ YES ____ NO
 - D. hand/arm _____ YES ____ NO
 - E. neurological/neuromuscular disease _____ YES ____ NO
7. Since the issuance of your last license/permit, has your health or medical condition worsened? _____ YES ____ NO

**B. VISION TEST RESULTS: To be completed by Optometrist/Ophthalmologist/ or Out of State Driver License Examiner.
NOTE - Vision test results not valid after 90 days from Examination Date.**

Glasses or Contacts? _____ Yes ____ No Acuity: Right Eye _____ Left Eye _____ Both _____

*Peripheral Vision: Right _____ Left _____ Both _____

*(Peripheral reading in degrees for each eye is required by Nebraska State Law)

I certify that the person named hereon has established his/her identity and completed the requested vision test with the results indicated above.

Signature of Optometrist / Ophthalmologist / Out of State License Examiner _____ Date of Exam _____

State _____ Phone Number: _____